

1941 STANDARD CERTIFICATE OF DEATH

State File No. 20667

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2197

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)  
In this community 3 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. No. 3050 Wabash  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 5th  
year 1941 hour 7 minute 55 P.M. M.

21. I hereby certify that I attended the deceased from  
5-29-41 19   to 6-5-41 19  ;  
that I last saw him alive on 6-5-41 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Infarction of lungs; mural thrombosis

Chr. Myocardial infarction; Coronary  
sclerosis

Due to 74a  
Other conditions  
(Include pregnancy within 3 months of death)  
94W

Major findings:  
Of operations

Of autopsy  
See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. R. P. Thon (M. D. or other)  
Address Med. Dir. K.C. Gen. Hosp. Date signed

3. (a) PRINT FULL NAME PETER FELTES

3. (b) If veteran, name war    3. (c) Social Security No. 494-16-2106

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary L. Feltes 6. (c) Age of husband or wife if alive    years

7. Birth date of deceased April 10 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 01 25 hr. min.

9. Birthplace Chicago Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Die Maker

11. Industry or business

12. Name John A. Feltes  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Von Bechler  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary L. Feltes

(b) Address 3050 Wabash

17. (a) Burial (b) Date thereof June 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Mrs. Cl. L. Forster

(b) Address 918 Brooklyn

19. (a) June 7 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address 15. E. 170

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**